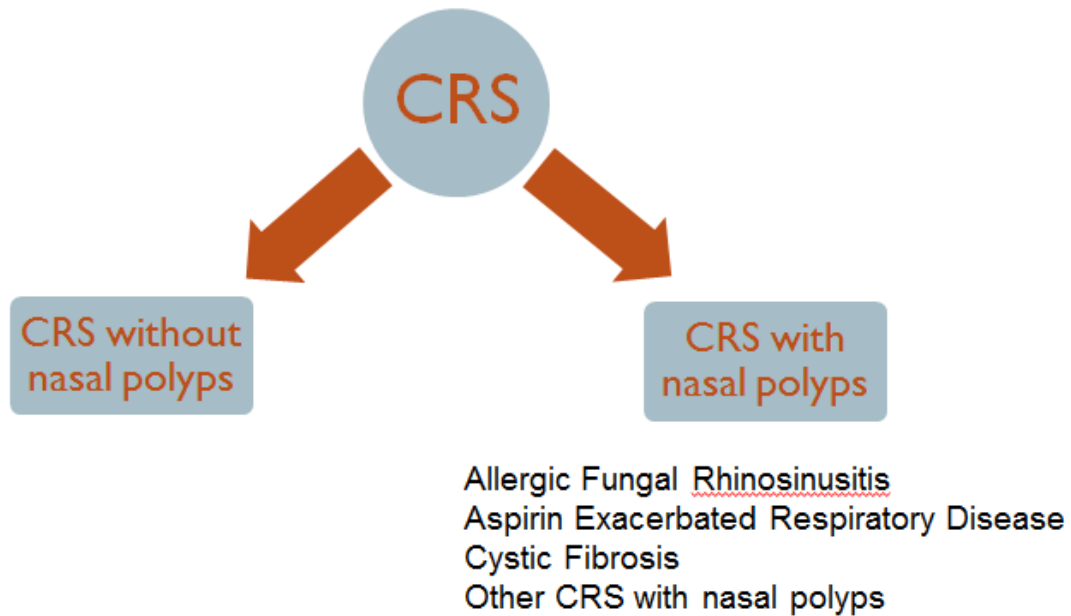


## Clinical Classification of Chronic Rhinosinusitis



### References

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2. Han JK. Subclassification of chronic rhinosinusitis. *Laryngoscope* 2013 Mar;123 Suppl 2:S15-27.
3. Plonk DP and Luong A. Current Understanding of Allergic Fungal Rhinosinusitis and Treatment Implications. *Current Opin Otolaryn* 2014, *in press*.

## 5525 Seminar: Chronic Rhinosinusitis Subtypes and Implications for Treatment

<b>Summary recommendations for therapy in CRSwNP</b>			
<b>Medical Therapy</b>	<b>EPOS2012</b>	<b>Evidence Based Reviews with Recommendations</b>	<b>Comments</b>
Oral steroids	A	Recommend	Benefits must be weighed against side effects and should be used for short durations
Perioperative oral steroids	A	Option	Start 5 days preoperatively and continue for 9 days postoperatively
Topical corticosteroid spray	A	Recommend	Benefit especially when used postoperatively
Off label steroid irrigations/drop	N/A	Option	Greatest benefit appears to be postoperatively
Steroid eluting biodegradables	N/A	Option	Evidence for benefit must be weighed against cost, unknown duration and comparison to no stents or other nonstandard methods of steroid delivery
Oral antibacterial (nonmacrolide), 3-4 wk	C	Option	Limited efficacy with select agents (doxycycline)
Postoperative oral antibiotics	A	Option	When used for at least 2 wk
Oral macrolide, $\geq 12$ wk	C	Option	Only when IgE not elevated
IV antibacterial		Recommend against	Not studied in CRSwNP
Topical antibacterial	D	Recommend against	
Oral antifungal	A-	Recommend against	
IV antifungal		Recommend against	
Topical antifungal	A-	Recommend against	
ASA desensitization	C	N/A	Typically used postoperatively to prevent recurrence
Leukotriene antagonist	A-	N/A	Limited evidence of efficacy with concerns over study design/analysis
Anti-IgE monoclonal Abs	C	N/A	Mixed results
Anti-IL-5 monoclonal Abs	A	N/A	Patients with elevated nasal IL-5 most likely to benefit
Immunotherapy	D	N/A	
Antihistamine	D	N/A	May improve allergy symptoms
Saline irrigations	D	Recommend	
Sinus surgery	N/A	N/A	Benefit especially when sinuses are opened widely and used with adjunctive therapies postoperatively

A - directly based on category I evidence; B - directly based on category II evidence or extrapolated from category I evidence; C - directly based on category III evidence or extrapolated from category I or II evidence; D - directly based on category i.v. evidence or extrapolated from category I, II, or III evidence; N/A - recommendation not available based on consensus guidelines (EPOS2012) or a published evidence-based reviews with recommendations; CRSwNP – chronic rhinosinusitis with nasal polyps; ASA – acetylsalicylic acid

**5525 Seminar:** Chronic Rhinosinusitis Subtypes and Implications for Treatment

Schlosser RJ and Soler ZM, *Am J Rhinol Allergy*, 2013